

THE COMMISSIONER'S TASK FORCE  
RECOMMENDATIONS ON DESIGNING  
CLIENT-ORIENTED DISABILITY  
SERVICE SYSTEMS

MAY 9, 1988

(EXECUTIVE SUMMARY)

Submitted to:

Sandra Gardebring, Commissioner  
Minnesota Department of Human Services

May 9, 1988

Sandra S. Gardebring, Commissioner  
Department of Human Services  
Human Services Building  
444 Lafayette Road  
St. Paul, MN 55155-3815

Dear Commissioner Gardebring:

It is with some relief, satisfaction, and anticipation that your Task Force on Mental Retardation and Related Conditions presents this report to you.

Changing the manner in which our system deals with people and their disability is an idea whose time has come. Many studies and recommendations have preceded ours, and many of our findings and recommendations repeat prior ones. We are indebted to those prior groups, to Task Force members who participated in the development of this report, to those members who participated in both efforts, and to you for providing our opportunity. Serious consideration has been given the issues by all who were involved. Though our focus has been on needs and overcoming deficiencies, we do not intend to distract from much that is positive about our system.

Many of the recommendations will require changes in statute as well as increases in funding. We believe, however, that with changes in the system, including training, persons currently encouraged to be dependent will increase their capabilities, and many will become economically productive; thus reducing the level of needed services and increasing individual financial contributions to remaining needed services. At first glance our recommendations may give the appearance of every advocate's wish list, but upon study you will find consistent themes and interdependence of suggested actions.

We encourage you to consider our prior reports regarding Quality Assurance and Case Management along side this report. While some overlap was necessary, we did not duplicate those prior efforts.

Also, we want you to know that we stand ready to work with you and your staff to develop any of the Task Forces recommendations further.

Our presentation format is pointed and affirmative. We focus on goals to be accomplished, illustrating barriers to achieving those goals, and recommendations designed to successfully make our goals reality. We believe that the proposals can work very well, that they are practical, and that they will be an economical approach within the spectrum of social intervention. Most importantly,——we believe they show the kind of human concern and response that we should make in our system to those who need help.

It is with appreciation that we have all come this far together that this report is transmitted for your study and approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Duane R. Shimpach". The signature is stylized with a large, looped initial 'D' and a trailing flourish.

Duane R. Shimpach, Chair  
Commissioner's Task Force on Mental Retardation and Related  
Conditions Enclosure

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## PREFACE

Early in 1988, Commissioner Sandra Gardebring requested that the Advisory Committee on Mental Retardation and Related Conditions present recommendations on how the service system for that population might be improved.

During three months of deliberation the Task Force identified over 100 recommendations. This Executive Summary condenses those recommendations into 12 major topic areas and separates them into recommendations that require legislative action and those which require administrative action.

Reference to the corresponding page of the full report on which the recommendation is discussed is made after each recommendation below.

## RECOMMENDATIONS

### CASE MANAGEMENT

#### Legislative Action;

Fund an increased number of case managers and provide them with necessary pre-service and inservice training. Add case management to the list of services reimbursed by Medical Assistance. (Pages 2, 4, 6, 13 and 24)

#### Administrative Action;

Implement the recommendations in the January, 1988 Task Force report on Case Management. (Page 24)

Enable and enforce full implementation of administrative rules governing case management, service accessibility, and client/family satisfaction. (Pages 2 and 9)

Separate guardianship and advocate roles from case management responsibilities. (Page 2)

## COMMUNITY AND FAMILY SUPPORTS

### Legislative Action:

Establish a comprehensive system of family and community support:

1. propose a bill of rights for all persons with disabilities; (Page 27)
2. increase funds and flexibility for family subsidies; (Page 4, 8, 24 and 25)
3. increase funds for SILS and reduce county financial participation to the same level as income maintenance programs; (Pages 4, 20, 24 and 25)
4. support the caregivers support bill; (Page 8)
5. seek medical assistance funding for respite care; (Page 8)
6. support difficulty of care rates for adult foster care and other methods to increase its availability; (Page 9)
7. support health insurance coverage for low income, underinsured persons with disabilities; (Page 6)
8. support increased funding and tax incentives to develop accessible housing; (Pages 18 and 19)
9. develop a system of fiscal incentives so that county financial participation decreases as the restrictiveness of the setting decreases. (Page 21 and 22)

### Administrative Actions:

Restructure the Personal Care Attendent program to ensure direct control by and communication with the person with disabilities. (Page 29)

Expand the use of the Personal Care Attendent program by subsidizing the program under the new TEFRA option and by working closely with the Minnesota Center for Independent Living. (Page 29)

Develop initiatives to monitor the needs and availability of accessible housing and test national projects and shared housing arrangements and to support client-owned housing. (Page 29)

Support the use of technology by working closely with the Governor's Task Force on Technology for persons

with disabilities and by revising Medical Assistance regulations to permit the use of rehabilitation technology. (Page 29)

Seek additional conversions and diversions under the waiver from HCFA. (Page 25)

## DATA, INFORMATION AND PLANNING

### Legislative Action;

Develop a statewide system accessible to both state and county agencies to determine and track service of needs by individual persons, types of service needed, urgency of need and county of residence. (Pages 1, 3 and 26)

Support legislation to give the Ombudsman's Office authority to obtain and compile information on service to people with developmental disabilities provided by the Departments of Health, Human Services, Education and Jobs and Training. (Pages 29-30)

### Administrative Action:

Establish a system in which records follow the client to new services and programs. (Page 3)

Improve communication and coordination between state agencies administering services to persons with developmental disabilities and between various divisions within DHS in order to utilize specialized and generic services. (Page 1 and 2)

## SUPPORTED EMPLOYMENT AND DAY SERVICES

### Legislative Action;

Develop and support legislative proposals for increased funding and expanded eligibility to all disability groups. (Pages 1-9)

### Administrative Action;

Implement recommendations of the Task Force on Supported Employment through joint efforts with the Department of Jobs and Training. Emphasis should be to jointly develop common definitions and standards, data collection, evaluation and quality assurance efforts. (Page 7)

Assist counties and residential and day services providers in creating flexible options which meet individual needs for jobs, activities, supervision and assures full day services. (Page 7)

## EARLY INTERVENTION AND PREVENTION

### Legislative Action:

Delineate the role of the Department of Human Services in establishing a comprehensive, early intervention system of services for persons with developmental disabilities and related conditions. (Page 27)

Create an Office of Prevention which plays a leadership role in prevention activities. (Page 27)

### Administrative Action:

Explore ways in which day care services can be more available for persons with developmental disabilities as part of an early intervention service system. (Page 26)

Seek recommendations related to prevention from all sources to include the Early Intervention Council and the Maternal and Child Health Advisory Committee of the Minnesota Department of Health. (Page 27)

## ELIGIBILITY FOR SERVICES

### Legislative Action:

Develop and advocate legislation to fund needed services for persons not technically eligible under MR and Related Conditions programs. Consideration should be given to adopting the disability definition defined in the Medicaid Reform legislation, S.1673 and H.3454. (Page 24)

### Administrative Action:

Improve accessibility and use of generic resources such as vocational rehabilitation for persons with developmental disabilities and for those with related conditions. (Page 2)



## INSTITUTIONAL POPULATION REDUCTION, SPECIAL NEEDS AND AGING

### Legislative Action;

Acknowledge that RTC's should not be used to serve persons with developmental disabilities and close the Cambridge RTC during the next biennium. Close all remaining programs by the 1996 biennium. (Pages 4 - 6 )

Establish and publicize methods to allow Class A and Class B ICF's/MR to change their services. (Page 6)

If no new waiver diversions are available, pursue funding for new ICF's/MR for people who cannot be served under the current waiver and who meet the special needs criteria. In addition, new ICF's/MR should separate property and program ownership, be developed by renovating existing housing whenever possible and, preferably, be designed to serve a maximum of four people. (Page 6)

In 1989, the Department of Human Services should sponsor legislation to fund staffing for a state task force on aging. (Page 2 and 27)

### Administrative Action;

Ensure that people leaving RTC's receive appropriate service in the community by establishing crisis intervention services, simplifying and decentralizing special needs rates, and by seeking targeted waivers. (Page 23)

Seek a new waiver for persons with developmental disabilities who reside in nursing homes using cost figures of ICF's/MR services. (Page 23)

## MEDICAID REFORM

### Legislative Action;

Actively support passage of the "Home and Community Quality Service Act" and prepare legislation that will allow Minnesota to meet the new requirements of the act and assure the new services. (Page 22)

## QUALITY ASSURANCE

### Legislative Action:

Seek increased funding and authority for the Mental Health/Mental Retardation Ombudsman's Office to conduct independent, individual evaluations of plans and outcomes and to maintain data on services to persons with developmental disabilities. (Page 29 - 30)

### Administrative Action:

Implement the recommendations contained in the Quality Assurance Report submitted by the Commissioner's Advisory Task Force in November, 1987. (Page 25)

Support organized volunteer monitoring efforts by trained volunteers. (Page 9)

Develop specific actions/consequences of quality assurance reviews, including: (1) recognition of outstanding efforts by counties and providers, (2) incentives for improved performance, (3) offers of training and technical assistance, and (4) adverse actions in response to non-compliance by counties and agencies. (Page 9, 11 and 12)

## REGULATORY REFORM

### Legislative Action:

Support the proposals contained in the 1988 bill "Coordination of Laws Governing Services for Persons with Mental Retardation." (Page 13)

### Administrative Action:

Use the rule making process for advancing major statewide policies. (Page 12-14)

Assure that rules and procedures relating to provider reimbursement give providers a reasonable guarantee that rates will be commensurate with the need. (Page 12 - 14)

Develop/modify policies and procedures for waived services. Specifically,

1. modify current accounting and auditing procedures to assure cost effective spending which meets client needs. (Page 23)
2. establish technical assistance procedures for waived services providers. (Page 23)

## VALUES AND GENERIC SERVICES

### Administrative Action;

Emphasize a holistic approach to serving individual clients, improving client entry systems and integrating all needs of the client. (Pages 4, 9 and 24)

Define service system "success" and systematically monitor outcomes. (Pages 9-14)

Educate and inform decision makers and taxpayers about the need for and benefits of natural, individualized and integrated service arrangements in the community. (Page 26)

## WAGES AND TRAINING

### Legislative Action;

Support legislation to fund the phase in of wage and benefit equity to assure that staff working in day and residential services are compensated comparably with other employees in the community, and that the quality of services to persons with developmental disabilities and related conditions is enhanced by improved recruitment and retention of staff. (Page 16 - 18)

Improve and standardize training requirements for direct service staff, county case managers, respite providers, and other community support staff. The training system must be competency based, on going and

Administrative Action;

Study the feasibility of the career ladder concept for personnel working in residential and day services for persons with developmental disabilities. (Page 16)

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